Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-7-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 36489 rendered on 11-7-02.

II. FINDINGS

1. The requestor billed $240.00 for the disputed anesthesia service.

2. The respondent paid $0.00 based upon "F – The service listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed."

3. Total amount in dispute per TWCC-60 is $152.00.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-7-02	36489	$240.00	$0.00	F	$152.00	Anesthesia GR (I)(A)(B)(1-4),	On this date, the requestor also billed and was reimbursed for 00670AA for anesthesia services. Anesthesia GR (I)(A) states, "Anesthesia care may include but is not limited to general, regional, or monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care…during any procedure. Anesthesia GR (I)(B)(1) defines the Basic value as:" This is the relative value of all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The basic value includes the pre-operative and post-operative visits, the anesthesia care during the

							duration of the procedure, the administration of fluids and/or blood, including use of cell-saver, and the usual monitoring services…" 36489 -Placement of central venous catheter (subclavian, jugular, or other vein)(eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy) percutaneous, over age 2. The requestor's anesthesia report was not legible per Rule 133.307(e)(1). If the placement of central venous catheter was for the administration of anesthesia services, then the respondent is correct in denying service based upon global and per fee guideline. Therefore, reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (36489).

The above Findings and Decision are hereby issued this 16th day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division